OCT 21 2014

Disclosure Report Cover

Use this form for general report and committee information, must be signed and submitted along with other detailed forms. Do not use this form to update information.

1. Committee Information		150	Balance and Charles	- "Tolle	
a. Full Name					c. ID Number
Sandra B	outler l	Weeks	5		
b. Mailing Address (include City, Sta	ite and Zip Code)				d. Date Filed
198 MAIN St. POBOXITI			•		10-21-2014
Elleuboro NC	J.RALL				e. Phone Number
2. Report Year 3. Period Star		4. Period F	End Date (mm/dd/yy)	5 Treasure	818-453-8932 er Full Name
2014		7.4	Mu Date (mms dw 13)		ra Butler Weeks
6. Type of Committee (Check (Type of Rep	ort (check only one	type of repo	ort from one category)
Candidate Campaign Par	rty Mu	micipal	State/County		Referendum
 	ferendum			onal	Organizational
Legal Expense Fund	nt Fundraiser	Thirty-five day Pre-primary	y Quarterly First		Pre-referendum
	旨	Pre-election	Secon	nd	Final Supplemental Final
7. Type of Fund (if applicable,	, check one)	Pre-runoff	Third	7.	Annual
Booster Fund		Semi-annual	Fourt		Special
☐ Building Fund		Mid Year	Semi-annu	al	
	므	Year End			10. Special Report Name
Other: Number of Fundraisers this		Final	Year	End	
8. Number of Fundraisers this	Report	Special	Final		
			☐ Special		
11. Account Information	2.0200000000000000000000000000000000000		11. Account Inform		
a. Financial Institution Full Name			a. Financial Institution 1	Full Name	
State Employe	ee Credit U	Goia.	Leage		
b. Purpose	c. Account Code		b. Purpose		c. Account Code
					NAME OF THE OWNER OWNER OF THE OWNER OWNE
CAmpaign	d. Period Begin Bal				d. Period Begin Balance
, , ,	\$ 99.83	ا د			\$
CERTIFICATION		-			
I certify that the Committee or Fu	nd is in compliance	with all applic	cable provisions of Art	icle 22A, 22B	8 & 22D-22M of Chapter 163
of the NC General Statutes and tha	at no funds are com	nmingled with p	prohibited or other non	-disclosed fur	nds. I further certify that this
report is complete, true and correc	at and that I have be	en trained by t	the NC State Board of I	Elections.	(Note that the second s
SandraButler	11 V- C	A	A. #1 1)	1.	10 2/22
Od Ndra Durler Printed Name of Sign	Weeks		Duller We	eks	10-21-2014
FOR OFFICE USE ONLY	er	\ Signa	ature of Appointed Treasu	irer	Date
	1.1.1		\sim	Dali	***
Date Received:	121/14	Employe	ee: <u>LL</u> _		very Method Normal Mail
Date Postmarked:		Employe	ee:		Registered Mail
Date Scanned:					Hand Delivered Electronically Filed
-		Employe			
Date Data Entered:	27-85H	Employe	Professional State of the State	. 1	Signer has not received mandatory training
Please Note: This form can	nnot be used to ar	mend commit	ttee information such	as the comr	mittee address, treasurer,
assistant	treasurer, custodi	ian of books i	information, or accou	ant informati	ion.
You must amend t	he Statement of C	Organization ((CRO-2100A-E) to r	nake commi	ittee changes.

Detailed Summary
Use this form to summarize all disclosure reporting forms and to total monetary information

Amendment

Yes No

1. Committee Full Name (and Fund if applicable) 2.7		Report	3. ID Number	
Sandra Butler Weeks	3rd	Quarter		
Start of Election Cycle: January 1,	_	Total this Reporting Period	Total this Election Cycle	
4) Cash on Hand at Start		\$	\$	
RECEIPTS				
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ \$5.00	\$	
6) Contributions from Individuals	(CRO-1210)	\$ 700.01		
7) Contributions from Political Party Committees	(CRO-1220)	\$ 750.00	\$	
8) Contributions from Other Political Committees	(CRO-1230)		\$	
9) Loan Proceeds	(CRO-1410)	\$	\$	
10) Refunds/Reimbursements to the Committee	(CRO-1240)	\$	\$	
11) Other Receipt Sources				
11a) Interest on Bank Accounts	(CRO-1250)	s 3.01	5 \$	
11b) Contributions from Not-For-Profit Organizations	(CRO-1250)	\$	\$	
11c) Outside Sources of Income	(CRO-1250)	\$	\$	
11d) Legal Expense Fund - Other Sources	(CRO-1270)	\$	\$	
11e) Exempt Purchase Price Sales	(CRO-1265)	\$	\$	
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,	lld and lle)	\$ 1538.0		
<u>EXPENDITURES</u>				
13) Disbursements		The state of the s		
13a) Operating Expenditures	(CRO-1310)	\$	\$	
13b) Contributions to Candidates/Political Committees	(CRO-1310)	\$ 1111.83	\$	
13c) Coordinated Party Expenditures	(CRO-1310)	\$ 200.00	\$	
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$	\$	
15) Loan Repayments	(CRO-1420)	\$	\$	
16) Refunds/Reimbursements from the Committee	(CRO-1320)	\$	\$	
17) In-Kind Contributions	(CRO-1510)	\$	\$	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15		\$ 1311.83	\$	
19) Cash on Hand at End (Add lines 4 and 12 together, then sub	tract line 18)	\$ 326.00	\$	
ADDITIONAL INFORMATION				
	(CRO-1330)	\$	THE SHARE STATES	
* * * * * * * * * * * * * * * * * * * *	(CRO-1430)	\$	MERCHANIST CO.	
	(CRO-1610)	\$	多。 · · · · · · · · · · · · · · · · · · ·	
	(CRO-1620)	\$	多的關係 "李锋说道。	
	(CRO-1720)	\$	And the second of the second	
	(CRO-1710)	\$	\$	
	(CRO-1440)	\$	\$	
10) C 12 1 1 1 1 1 1 1 1 1	CRO-2220)	\$	\$	
28) Contributions to be Refunded	CRO-1215)	\$	\$	

Other Re	ceipt Sources		Pg	e of	Amendment Yes [□ No
	to report income not repor	ted on another form.			Lares L	_ No
	Full Name (and Fund if				2. ID Number	
Japan	a Batier W	eets				
3. Type of Red	ceipt Source (Please use	e separate CRO-1250	forms for each	type of Receipt	Source.)	
Interest	Contribu	ntions from Not-for-Profit	Organizations		Sources of Income	
4. Contributo		5476313	Add Re	move		34.5
a. Full Name, Ma	iling Address & Phone		b. Not-for-Profit	Federal ID #	d. Comments	
(include city, st						
NO.570	ite Employee	Credit Union	c. Outside Source	Explanation		
Fores	it City NC2:	701/-			e. Election Sum to Da	ite
					\$	
f. Account Code	g. Form of Payment	h. In-Kind Description		i. Date (mm/dd/yyy	y) j. Amount	
	deposit	interest	EARNED	10-14-201	4 \$ 3.00	
	,				\$	
4. Contributor	Information		Add Rei	nove		35 K S. H
a. Full Name, Mai	iling Address & Phone		b. Not-for-Profit l	Federal ID#	d. Comments	
(include city, sta	ate, & zip)					
			c. Outside Source	Explanation	15 6)	
					e. Election Sum to Da	to
						ic .
		<u> </u>			\$	
f. Account Code	g. Form of Payment	h. In-Kind Description		i. Date (mm/dd/yyy	y) j. Amount	
					\$	
					\$	
4. Contributor				nove		
	ling Address & Phone		b. Not-for-Profit F	ederal ID#	d. Comments	
(include city, sta	ite, & zip)		3			
			c. Outside Source	Explanation		
				1	e. Election Sum to Dat	te
	72				\$	
f. Account Code	g. Form of Payment	h. In-Kind Description		i. Date (mm/dd/yyy	C45/2	
					s	
					\$	
5. Total only					\$	
(This line goes in	LL CRO-1250 Page line 11a of Detailed Summary line 11b of Detailed Summary	Page CRO-1100 if Inter		ion)	\$	

Contribut	tions from Polit	ical Party Committees	S Pg of	Amendment Yes No
Use this form	to report contributi	ons from a political party	, is or	Yes No
/\	Full Name (and Fund			2. ID Number
SINGY	ia Butler	Weeks		
3. Contributor	r Information	☐ Add	Remove	
a. Full Name, Ma (include city, st	iling Address & Phone			b. Comments
		D11 0 10	,	
MAIR	Street	y - Rutherford C	tγ	
	t City NC			c. Election Sum to Date
d. Account Code	e. Form of Payment	f. In-Kind Description	g. Date (mm/dd/yyy	
	Check	aut 2/2 4/2 .	8-1-2014	AND 1979 A
	CHECK	contribution	0-1-2019	, , , ,
				\$
				\$
3. Contributor		Add	Remove	
i. Full Name, Mai include city, sta	iling Address & Phone ate, & zip)			b. Comments
			_	c. Election Sum to Date
l. Account Code	e. Form of Payment	f. In-Kind Description	g. Date (mm/dd/yyyy	y) h. Amount
				\$
				\$
				\$
. Contributor		Add	Remove	
. Full Name, Mail (include city, sta	ling Address & Phone te, & zip)		b	o. Comments
			c	. Election Sum to Date
				\$
Account Code	e. Form of Payment	f. In-Kind Description	g. Date (mm/dd/yyyy	h. Amount
				\$
				\$
				\$
. Total only				\$ 750.00
	LL CRO-1220 Pa			\$ 750.00

Aggregated Contributions from Individuals Optional form used to report NC Contributions From Individuals of \$50 or less Amendment Yes No

1. Co	ommit	tee Full Name (:	and Fund if applica	(hle)	STATES STATES	2. ID Number
				JAC)		2. ID Number
3 Cc	ihi	utor Information				
a. Ame		b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyy	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
A P			7.7			
	Remove		Check	Contribution	9/12/201	4 \$ 25,00
□ R	Add Remove		CASh	Coptribution	9/20/201	4 \$ 40,00
☐ R	Add Remove		CASh	contribution	10-11-20	14 \$ 20.00
=	Add Remove					\$
	Add			+	-	
☐ Re	Remove					\$
=	Add Remove					\$
□ Ac	Add Remove					\$
☐ Ac	ıdd					\$
_	dd .					
☐ Re	temove		<u> </u>			\$
-	dd temove					\$
	dd					2
_	emove					\$
Re	.dd .emove					\$
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Re	emove					\$
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☐ Ad	dd			 	Ţ	\$
Re:	emove dd					•
Rei	emove					\$
_	emove					\$
Add	id emove					\$
4. To	tal or	nly this Page				\$ 85.00
5. To	tal of	ALL CRO-1	1205 Pages			20.00
(This !	line mu	st be on line 5 of De	etailed Summary Page C	RO-1100)		\$

Con	Amendment						
Use thi	is form to report	individual contributi	ons over \$50 or	Pg contributions und	der \$50 if form C	RO	Yes No
1. Con	nmittee Full Nai	ID Number					
363	Indra F	Sutler We	eks_				
	tributor Inform Jame, Mailing Addr		I Company		move		
	de city, state, & zip			b. Job Title/Profe	ession	d. C	Comments
186 Aqua Drive Forest City NC 28043			c. Employer's Na	me/Specific Field	e. E	lection Sum to Date	
		1	3			\$	Had a tribe. D. F. C. S. C.
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descri	ption	j. Date (mm/dd/yyy	(y)	k. Amount
		Paypal	Contribut	ina	10-2-20		\$ 200,00
		1.5.4 649	CORPLIABOR	1010	10 2. 20	<u>' \</u>	\$
							\$
	ributor Inform			Add Re	move		ASSISTANCE OF THE PROPERTY OF
	ame, Mailing Addr			b. Job Title/Profe	ssion	d. C	omments
(includ	le city, state, & zip)			-			
De	emocrat	PARTY-But	hertord	c. Employer's Nar	ne/Specific Field	_	
			CLX	Proyectorial	no opecine Ticia		*
						e. El	ection Sum to Date
i V				\rightarrow		\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	otion	j. Date (mm/dd/yyy	y)	k. Amount
		Check	Contrib	iti'on	8-1-20	14	\$ 750.00
					0.0	`	\$
							\$
3. Cont	ributor Informa	ition		Add Rer	nove		
	me, Mailing Addre	ss & Phone		b. Job Title/Profes	sion	d. Co	omments
(include city, state, & zip) Stanley Weeks (spouse) PO BOXITI Ellenboro NC 28040			c. Employer's Name/Specific Field e. E		e. Ele \$	ection Sum to Date	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	tion	j. Date (mm/dd/yyy	1000	k. Amount
		CASh	Contribu		J. 2010 (11112 0 00)))	,	\$200.00
						7	\$
						\dashv	\$
1. Tota	l only this Pa	ige	N 77 A WOLFE		770	\$	
		O-1210 Pages			7695 g	φ	
		of Detailed Summary Pa	ige CRO-1100)			\$	

Con	tributions f	rom Individu	als	P	g of	Amendment Yes No
Use th	is form to report	individual contributi	ons over \$50 or	contributions un	der \$50 if form C	RO 1205 is not used
1. Cor	nmittee Full Na	me (and Fund if ap	plicable)	Park Park	1423 KRA	2. ID Number
S	andra	Butler	Weeks			0.000
	tributor Inform		ti estressie	Add Re	emove	
	Name, Mailing Addı ıde city, state, & zip			b. Job Title/Prof	ession	d. Comments
				0_1		
5	andra	Butler W	ee Ks	c. Employer's Na	me/Specific Field	1
P	O BOX 1	Butler W				
F	=11	AL 0 10				e. Election Sum to Date
	100000	0 NC280	40			\$
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descr	iption	j. Date (mm/dd/yy	yy) k. Amount
		Contribatio	N			\$ 300.00
						\$
						\$
	tributor Inform			Add 🔲 Re	move	
	Name, Mailing Addr			b. Job Title/Profe	ession	d. Comments
(inclu	de city, state, & zip)					
1				c. Employer's Na	me/Specific Field	-
				1		e. Election Sum to Date
6 P :						\$
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descri	ption	j. Date (mm/dd/yyy	yy) k. Amount
						\$
						\$
						\$
	tributor Inform:			Add Re	move	
	ame, Mailing Addre	ess & Phone		b. Job Title/Profe	ssion	d. Comments
(includ	le city, state, & zip)					
				c. Employer's Na	me/Specific Field	
						e. Election Sum to Date
						\$
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	otion	j. Date (mm/dd/yyy	y) k. Amount
						\$
						\$
						\$
4. Tota	al only this Pa	age				\$
5. Tota	al of ALL CR	O-1210 Pages			(A)	\$
(This li	ne must be on line 6	of Detailed Summary Pa	ige CRO-1100)			φ

Disbursen	nents				Pg of		Amendment Yes No
Use this form to	o report expenditures	from the commit	tee for o	perating ex	penses, contribut	ions to	candidate/political
commutees and	coordinated party ex	xpenditures		5 4% N			F
1. Committee	Full Name (and Fun	d if applicable)				2	2. ID Number
	a Butler						W. C. C.
3. Type of Disl		e use separate CF				bursen	nent.)
Operating Exp		ntributions to Candida	ates/Politic			ordinate	d Party Expenditures
4. Payee Inform	mation Mailing Address & Ph			Add 🔲	Remove	135	<i>京</i> 新拉 原料
(include city, state		ione		b. Coordinat	ed Committee Nam	e d	l. Comments
Stap	les			c. Level Regi	stered (Specify)		
170 bi	Aza Driv			Federal Federal	County:		
				L State	☐ Municipa	ality: e	. Election Sum to Date
	: City NC						\$
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (ı	nm/dd/yyyy)	j. Amount	k. Req	quired Remarks
	Check	2	9-1	8-2014	\$ 23,27	bi	ctures of candidate
	*				\$	1	
4. Payee Inform	nation			Add	Remove	100	
	ling Address & Phone			b. Coordinate	ed Committee Name	e d	. Comments
(include city, sta			4-11				
Kutherf	ord Week 1	v					
		I		C. Level Regis	stered (Specify) County:		
				State	Municipa	lity: e	. Election Sum to Date
6.1	I	T			_		\$
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (n	nm/dd/yyyy)	100 100 100 100 100 100 100 100 100 100	k. Req	uired Remarks
	Cheek		10-	1-2014	\$ 217."	Nec	Ospaper ada Cards.
					\$		
4. Payee Inform	nation			Add	Remove		
	ing Address & Phone				ed Committee Name	d.	. Comments
(include city, sta	te, & zip)						
Ruthers	ford Demo	+ Q +.					
1,0011101	isid Demo	mai bariy	ŀ	c. Level Regis Federal	tered (Specify)		
				State	County: Municipal	lity: e	Election Sum to Date
			Ī				
61 .63							\$
f. Account Code		h. Purpose Code	No. of the last		2000 Mente	-	uired Remarks
	Check	•	10-	2-2014	\$ 200,00	Adv	vertisement
					\$		
5. Total only th	is Page					5	\$
6. Total of ALL	CRO-1310 Pages			4 56	35.00		
(This line goes in	line 13a of Detailed Sum	mary Page CRO-110	0 if Opera	ating Expenses	s)	9	<u>, </u>
(This line goes in	line 13b of Detailed Sum	mary Page CRO-110	0 if Contr	ib to Candida	tes/Political Comm)	4	?
	line 13c of Detailed Sum				Expenditures)	evenousses.	
7. Purpose Co	odes (List detailed						
A* - Media E - Salaries	B* - Printin	O		ndraising			r Candidate
- Salaries - Postage	F* - Equipn J - Penaltie			ical Party fice Expens	H* - Ho	lding	Public Office Expenses
O* Other	J - I challe		K - UI	nce Expens	es Q* - Do	пацоп	to Legal Expense Fund
* Codes require	e detailed explanatio	on in required re	marks f	ield (k)			

Disbursen	ients				Pg of		Amendment Yes No
Use this form to	report expenditures	from the commit	tee for c	perating exp		ions to ca	andidate/political
committees and	coordinated party ex	penditures					8
^	Full Name (and Fun		1			2.]	ID Number
	<u>a Butler U</u>						
3. Type of Dish		e use separate CI				ursemei	<u>ut.)</u>
Operating Exp		ntributions to Candida	ates/Politi	cal Committees	s 🔲 Coo	rdinated P	arty Expenditures
4. Payee Inform		AV-3		Add	Remove	ele per	可能的图 全部
	Iailing Address & Ph	ione		b. Coordinat	ed Committee Name	e d. C	Comments
(include city, state						- 1	
MISUAL	ARTS Cent	er		c. Level Regi	stered (Specify)		
617+5	hop			Federal	County:		
	ordton NCa			☐ State	☐ Municipa	lity: e. E	lection Sum to Date
1121110111	SUM WOUNGE	2 00				\$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (l mm/dd/yyyy)	j. Amount	k Requir	red Remarks
***************************************	Check			1-14	Constant Const		
	Check		0.9	144	\$50,00	NAVE	rtisement
4 D T 6			L _		\$		
4. Payee Inform	ing Address & Phone	# #K	L	Add	Remove		
(include city, sta				b. Coordinate	ed Committee Name	d. C	omments
IMAGES	Sign Se	rvice		c. Level Regis	stered (Specify)		
PO Bo	C10901 X			Federal	County:		
_				State	☐ Municipal	lity: e. El	lection Sum to Date
LILEND	ora NC781	040				\$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (r	nm/dd/yyyy)	i. Amount	k. Requir	red Remarks
	Chark				\$339.54	12-0-3	
	Check		4000	**	AND SHALL AND SHALL SHAL		s + Cambs
4. Payee Inforn			100		201.48	(Carry	ex Combs
	ing Address & Phone				Remove	1.0	
(include oity stat	o P. nin)			b. Coordinate	ed Committee Name	d. Co	omments
Rithans	Ford Weekly					- 1	
THINE	rora weekly	•	1	c. Level Regis	tered (Specify)		
201 12	uller Kd			Federal	County:		
Facet	C: +y 280	110		State	Municipal	ity: e. El	ection Sum to Date
1 91.68 1	C114 980	173				\$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (n	nm/dd/yyyy)	j. Amount	k. Requir	ed Remarks
	Cheek		7-2	0-2014	s 49 00	Can	4-
					\$	C-01.	42
5. Total only th	is Page		050			1.0	
						\$	
	CRO-1310 Pages line 13a of Detailed Sum	man Pros CRO 11	20:00				
(This line goes in	line 13b of Detailed Sum	mary Page CRO-110 mary Page CRO-110	10 ij Oper 10 if Cont	ating Expense. rib to Candida	S) tes/Political Comm\	\$	
(This line goes in	line 13c of Detailed Sum	mary Page CRO-110	0 if Coor	dinated Party I	Expenditures)	-	
	des (List detailed		-	The second second second second second	TELL MARKET	-	
A* - Media	B* - Printin			ndraising	D - To A	nother C	Candidate
E - Salaries	F* - Equipm	nent	G - Poli	tical Party	H* - Ho	lding Pu	ıblic Office Expenses
- Postage	J - Penaltie	es	K* - Of	fice Expens			o Legal Expense Fund
O* Other * Codes require	e detailed explanation	on in required	moska	Sold (la)			
	childre capianali	in required re	and KS	HCIU (K)			

Disbursem	ients				Pg of		Amendment Yes No
Use this form to	report expenditures	from the commit	tee for o	perating exp			
committees and	coordinated party ex Full Name (and Fund	cpenditures					
Ο,			0.50			-	2. ID Number
J. Budr	a Butler	Weeks					
3. Type of Disb	oursement (Please	e use separate CR					
Operating Expe		ntributions to Candida	ates/Politic			ordinate	ed Party Expenditures
4. Payee Inform				Add	Remove		
American management of the contract of the con	failing Address & Pho	one		b. Coordinate	ed Committee Name	e d	d. Comments
(include city, state,		227 - 107		-			
11119	igns + GrA	phies	1	c. Level Regi	stered (Specify)		
1042 P	iney Ridge	, BY	1	Federal	County:		
~	Hack Wale	110.	1	State	Municipa	ality: e	e. Election Sum to Date
	City NC	No. of the last of	_				\$
f. Account Code	g. Form of Payment	h. Purpose Code	1000		110	k. Rec	quired Remarks
	Check		8	4-2014	\$ 106 75	ma	quetic car signs
/					\$		
4. Payee Inform	nation	2.3		Add	Remove		
	ling Address & Phone				ed Committee Name	e c	d. Comments
(include city, stat							
Food Li	· 1						
2 ~ ~ .	101		1		stered (Specify)		
Droadw	say 5+.		1	Federal	County:		
Front	0' A NO 16		1	State	Municipa	ility: e	e. Election Sum to Date
1 or ear	City NC 28	5043	1				\$
	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	i. Amount	k. Re	quired Remarks
,	Check			3-2014		755	
<u>'</u>		+		2. 40v T	199	14	ems for car
					\$	51	now tungues ex
4. Payee Inform					Remove	3	
	ling Address & Phone			b. Coordinate	ed Committee Name	e d	d. Comments
(include city, stat	te, & zip)						
WAGY			1	a Level Regi	stered (Specify)		
1			1	Federal	County:	-	
l			1	State	Municipal	ality: e	e. Election Sum to Date
l			1				\$
	**************************************	T			•		
f. Account Code	g. Form of Payment	h. Purpose Code				0	quired Remarks
l	Check		4-1	4-2014	\$ 100 00	KE	Adio Ads
'					\$		
5. Total only th	is Page		19				\$
	L CRO-1310 Pages						Ψ
	line 13a of Detailed Sum	Page CRO-11	oo if Ope	antino Evnens	1		enes.
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* Codes requir	re detailed explanati	on in required r	emarks	field (k)			